

EXHIBIT B

United States



of America

**Department of the Treasury
Internal Revenue Service**

Date: February 15, 2019

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed is a true copy of the Form 9465, Installment Agreement Request for James D Pieron, JR, SSN: [REDACTED] 2111, for tax periods 2007, 2008, 2009 consisting of three (3) pages

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

A blue ink signature of Paul Crowley, written in a cursive style.

Paul Crowley Supervisory Investigative Analyst
Internal Revenue Service-Criminal Investigation
Southern Area Scheme Development Center
Delegation Order 11.5



Catalog Number 19002E

LAC 02/15/19

GOVERNMENT

EXHIBIT

45

Form **2866** (Rev. 09-1997)
026970

Form **9465**
(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

OMB No. 1545-0074

► If you are filing this form with your tax return, attach it to the front of the return. Otherwise, see instructions.

Caution: Do not file this form if you are currently making payments on an installment agreement or can pay your balance due in full within 120 days. Instead, call 1-800-829-1040. If you are in bankruptcy or we have accepted your offer-in-compromise, see **Bankruptcy or offer-in-compromise** on page 2.

This request is for Form(s) (for example, Form 1040) ► **1040** and for tax year(s) (for example, 2008 and 2009) ► **2007, 2008, 2009**

1 Your first name and initial JAMES D	Last name PIERON, JR.	Your social security number [REDACTED]-2111
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. Apt. number

City, town or post office, state, and ZIP code. If a foreign address, enter city, province or state, and country. Follow the country's practice for entering the postal code.

MT. PLEASANT MI 48858

2 If this address is new since you filed your last tax return, check here ☐

3 [REDACTED]-3050 9AM-5PM Your home phone number Best time for us to call	4 [REDACTED]-2400 9AM-5PM Your work phone number Ext. Best time for us to call
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5 Name of your bank or other financial institution: FIFTH THIRD BANK Address 1114 N. MISSION City, state, and ZIP code MT. PLEASANT MI 48858	6 Your employer's name: ILO Address 2625 DENISON DR STE A City, state, and ZIP code MT PLEASANT MI 48858-5596
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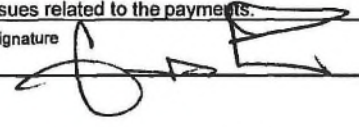
7 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	7 444,880
8 Enter the amount of any payment you are making with your tax return(s) (or notice(s)). See instructions	8
9 Enter the amount you can pay each month. Make your payments as large as possible to limit interest and penalty charges. The charges will continue until you pay in full	9 1,500
10 Enter the day you want to make your payment each month. Do not enter a day later than the 28th	1

11 If you want to make your payments by electronic funds withdrawal from your checking account, see the instructions and fill in lines 11a and 11b. This is the most convenient way to make your payments and it will ensure that they are made on time.

► a Routing number **072401404**

► b Account number **[REDACTED]**

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH electronic funds withdrawal entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 10 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

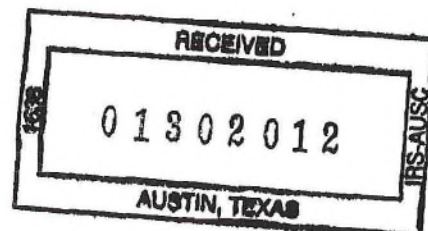
Your signature 	Date 1/16/12	Spouse's signature. If a joint return, both must sign.	Date
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RECEIVED

MAR 13 2012

Collection C & S

MAR - 5 2012



RECEIVED

APR - 2 2012

AUSTIN, TEXAS

AUSC
R & C Operations

APR 02 2012

Mail Correspondence
18

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

DAA

Form **9465** (Rev. 12-2009)

Form **433-F**
(Rev. 6-2010)Department of the Treasury — Internal Revenue Service
Collection Information Statement

Name(s) and Address

James D. Pieron Jr.

Mt. Pleasant, MI 48858

Your Social Security Number or Individual Taxpayer Identification Number

2111

Your Spouse's Social Security Number or Individual Taxpayer Identification Number

☐ If address provided above is different than last return filed please check here.

County of Residence

Isabella

Your Telephone Numbers

Home: 3050

Work:

Cell: 2400

Spouse's Telephone Numbers

Home:

Work:

Cell:

A. ACCOUNTS / LINES OF CREDIT (including Banking Institutions, Checking and Savings accounts, Credit Unions, Certificates of Deposit, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds and Stock Brokerage Accounts)

Name and Address of Institution	Type of Account	Current Balance / Value
Fifth Third Bank	Checking	\$500
PNC Bank	Checking	\$3,000

Total number of dependents you will be claiming on next year's tax return 0 Over 65 ☐ Under 65 ☐Total number of dependents you claimed on last year's tax return 0 Over 65 ☐ Under 65 ☐**B. REAL ESTATE** (home, vacation property, timeshares and other real estate)

County / Description	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
None		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

C. OTHER ASSETS (cars, boats, recreational vehicles, whole life policies, etc.)

Description	Monthly Payment	Year Purchased	Final Payment (mo / yr)	Current Value	Balance Owed	Equity
Car (VW)	None	2011		\$25,000	0	\$25,000
Navitas Investments, LLC	N/A	2010		\$1,000	0	\$1,000
Komplique, Inc	N/A	2010		\$1,000	0	\$1,000

TURN PAGE TO CONTINUE

Form **433-F** (Rev. 6-2010)

D. CREDIT CARDS (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

E. WAGE INFORMATION (If you have more than one employer, include the information on another sheet of paper.)

Your current Employer (name and address)

Spouse's current Employer (name and address)

How often are you paid? (Check one)

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☒ Monthly

Gross per pay period \$7,500

Taxes per pay period (Fed) \$1,000 (State) \$500 (Local) _____

How long at current employer 2 yrs

Date of Birth [REDACTED]/1969

Total Income from Last Year's 1040 Tax Return 118,497

How often are you paid? (Check one)

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Gross per pay period _____

Taxes per pay period (Fed) _____ (State) _____ (Local) _____

How long at current employer _____

Date of Birth _____

Total Income from Last Year's 1040 Tax Return _____

F. NON-WAGE HOUSEHOLD INCOME (List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes.)

Alimony Income: _____

Net Rental Income: _____

Interest Income: _____

Child Support Income: _____

Unemployment Income: _____

Social Security Income: _____

Net Self Employment Income: _____

Pension Income: _____

Other: _____

G. MONTHLY NECESSARY LIVING EXPENSES (List monthly amounts. For expenses paid other than monthly, see instructions.)

1. Food / Personal Care

Food: \$1,000

Housekeeping Supplies: 200

Clothing and Clothing Services: 200

Personal Care Products & Services: 200

Misc. (Cable, Internet, etc.): 100

Total: \$1,700

3. Housing & Utilities

Rent: \$1,200

Electric, Oil/Gas, Water/Trash: 400

Telephone and/or Cell Phone: 500

Real Estate Taxes and Insurance:
(if not included in B above)

Total: \$2,100

5. Other

Child / Dependent Care: _____

Estimated Tax Payments: _____

Term Life Insurance: _____

Retirement (Employer Required): _____

Retirement (Voluntary): _____

Court Ordered Payments: _____

Profit and Loss Statement: _____

2. Transportation

Gas/Insurance/Licenses/Parking/
Maintenance etc.: \$500

Public Transportation: _____

4. Medical

Health Insurance: _____

Out of Pocket Health Care Expenses: \$50

See the instructions for detailed information on how to complete the Monthly Necessary Living Expenses.
IRS standard amounts are found on the internet at <http://www.irs.gov/individuals/article/0,id=96543,00.html>.
If you are required to send supporting documentation, please send copies and not the original documents.

H. ADDITIONAL INFORMATION

1. The IRS may establish a payment agreement for you based on the financial data you provided.

2. We cannot consider an installment agreement unless all returns have been filed.

Attach a signed copy of ALL unfiled return(s).

3. Proposed Monthly Installment Agreement Payment Amount: \$1,500

4. Proposed Monthly Payment Date: _____

5. Down Payment Amount: _____

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your Signature

Spouse's Signature

Date